



STATE OF WEST VIRGINIA

Offices of the Insurance Commissioner

Financial Conditions Division

BOB WISE
Governor

JANE L. CLINE
Insurance Commissioner

**RISK RETENTION GROUP
STATE OF DOMICILE CERTIFICATION**

It is hereby certified that _____ is
domiciled in this State and meets the financial requirements of a risk retention group in
this State as of this date.

The minimum net worth required of the risk retention group in this State as of this
date is:

_____ Capital _____ Code Cite

_____ Surplus _____ Code Cite

Please note any concerns regarding this risk retention group:

Department of Insurance of _____
State

Signature of Insurance Department Official

Title

Date